

QUESTIONS FROM COMMITTEE MEMBER DR. ALLISON DERING-ANDERSON

1. The Board of Nursing retired an unenforceable opinion and then they recommended a 407. From my perspective, nothing changed. Retiring an opinion that had no force of law or regulation is a paperwork issue, right? I'm still confused as to how this opinion retirement lead to the recommendation to go through the 407 process. Were there additional instructions? Go through the 407 to have this profession registered because _____. Or something? I don't actually know that answering this question is the duty of the applicant group. I do understand that they need to clearly define the problem and "the board of nursing said so" really isn't a definition, but it would be very helpful to get a history and logic from the Board of Nursing in addition to "why did you retire an opinion?"
2. I am confused as to the administration of medication. Do PCT also register as med aides? Does the Medication Aide process allow for injectable medications?
3. Near the end of the meeting there were some comments about adjusting the dialysis solution. That's compounding. I'm interested to know if PCT actually do the compounding, if the compounding is sterile or non-sterile according to the USP definitions and how these dialysis centers meet the new mandates to be in full compliance with the enforceable chapters of USP. <797> and <795>.
4. Page 4 of the actual proposal: "There are over 90 PCT" how was this number arrived at? Was there a facility survey?
5. Do we have any information from any PCT? Are the people doing this job involved in this process? Everyone who appeared at the meeting on behalf of the applicant group is already a licensed health care provider. Is there any information on the opinions or desires of practicing PCTs?
6. Page 5 of the proposal: Since 15-April-2008 CMS has required certification of PCT as a condition of participation. Technicians must have 6 - 12 months of experience before taking the examination, but the discussion drew a line at 18 months. Can someone explain this to me more simply? Perhaps a timeline would be helpful. Day 1 - orientation begins then by the 18th month certification must be attained, but I'm hazy on what happens between those 2 points in time.
7. Page 5 of the proposal: Practitioners of occupations similar to.... And Page 9 - identify other occupations that perform some of the same functions or similar functions: I believe the answer to those who work closely with PCT is very complete, but I need more information on the "similar to" professions. What other professions in the state have the statutory scope to inject heparin or to "numb the area"? MD, DO, APRN, RN, LPN, RP, DDS and who else?
8. I have a continuing concern about an actual exemption for home dialysis in some fashion. Since even a registry will define a scope, there needs to be a way for those who assist with hemodialysis at home to not need to be registered and certified within 18 months - - or not. I don't see that the issue is addressed at all. Is it the intent of the applicant group that everyone performing these tasks be registered and certified within 18 months or not?
9. Page 11 of the proposal: Inspection requirements are noted to be "not applicable". Are hemodialysis clinics inspected by anyone? Does the state inspect them? Does the Heartland Kidney Network that monitors quality do any on-site inspections?

10. While the Department clearly has the ability to create a functional system from an administrative perspective, I would like to see how the applicant group pictures this system working. For instance:

A. The potential PCT is hired and must achieve registration within 2 weeks of hire or must apply for registration within 2 weeks of hire, or whatever. Who will be responsible if this doesn't happen?

B. The newly registered PCT continues with training and must achieve certification from a body recognized by whom? That certification must be achieved within 18 months of the initial registration. Who will be responsible if this doesn't happen?

C. In order to continue to be registered the PCT must prove to the state that the certification is current and in good standing. Again, notification processes and responsibility of the employer are key to this making sense to me.

11. Has anyone done a back of the envelope calculation on how much this registration will cost the PCT and if the people currently performing these tasks see this as a barrier? How much do other registrations like this cost? Pharmacy Technicians are \$75.00 every 2 years, I believe, but are there other registrations to use as comparators?

12. We are only talking about hemodialysis right? At times during the meeting there was discussion of peritoneal dialysis and I became very confused since these are very different procedures. If someone would clarify for me that this is only hemodialysis that would be helpful. It may also be helpful to have a brief description of both processes so that we are all working from the same body of information.